

# **Indiana State Police Methamphetamine Laboratory Occurrence Report**

This form complies with the statutory requirement set forth in IC 5-2-15-3.

**Date:** 04/02/2010

**Address:** Middle Mount Vernon Rd

**Case #:** 35-30371

**County:** Posey

**Type of Laboratory Seizure** (check one)

- ☐ Operational Lab  
☐ Chemical/Glassware/Equipment (only)  
☒ Dumpsite (only)

**Seizure Location** (check all that apply)

- ☐ Residence ☐ Hotel/Motel  
☐ Outbuilding ☐ Open – No Structure  
☐ Vehicle ☐ Other:

**Items Found: Location** (bedroom, kitchen, open air, etc)

(check all that apply)

- ☐ Lithium/Ammonia Reaction(s): \_\_\_\_\_  
☐ Red Phosphorous/Iodine Reaction(s): \_\_\_\_\_  
☐ Flammable Solvents: \_\_\_\_\_  
☐ Water Reactive Metal (Lithium): \_\_\_\_\_  
☐ Anhydrous Ammonia: \_\_\_\_\_  
☒ Hydrochloric Acid Gas Generator(s): 1  
☐ Corrosive Acid: \_\_\_\_\_  
☐ Corrosive Base: \_\_\_\_\_  
☐ Other (item and location): \_\_\_\_\_

**Child under age 18 discovered** (check one)

- ☐ Yes \_\_\_\_\_ (number present)  
☒ No

\*If yes, fax report to Child Protective Services

**Investigative Information**

- ☐ Ephedrine/Pseudoephedrine Tracking Log  
☐ Retail/Merchant Tip  
☐ Other: \_\_\_\_\_

**This report is to be faxed to the following agencies that serve the location:**

Fire Department: \_\_\_\_\_

Fax: \_\_\_\_\_

Health Department: \_\_\_\_\_

Fax: \_\_\_\_\_

Child Protection Service: \_\_\_\_\_

Fax: \_\_\_\_\_

For further information regarding this methamphetamine laboratory, contact

Investigating Officer: Justin Bean

Phone 812-867-2079

\*\* This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

\*\*\* This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.